Complete (if applicable)

Date

Telephone (301) 315-2723

February 7, 2003

PTO/SB/17 (10-02) Approved for use through 10/31/2002. OMB 0651-0032

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	100.00	ed to respond to a collection of information unless it displays a valid OMB control number. Complete if Known							
FEE TRA	Ī	Application Number				09/416,267-Conf. #5938			
	1	Filing I				October 12, 1999		ì	
for F	ľ	First Named Inventor				Kui Su			
Patent fees are su		Examiner Name				P. Mertz			
Applicant claims small	t	Group Art Unit Attorney Docket No.				1646 HE	CEIV	EU	
						PF270P1			
OTAL AMOUNT OF PAY	┷	FEE CALCULATION (continued)						003	
METHOD OF PAYME					CALCO	EATTON (Seriamose)		i .	
Check Credit Card	Money Other None	3. A	DDITIO	ONAL F	FEES		TECH C	ENTER 1	600/2900
		ì							
X Deposit Account			e Entity	Small					l
Deposit Account 08-	3425	Fee Code	Fee (Fee Code	Fee (\$)		Fee Description	Fee Paid	
Number		1051	130	2051	65	Surchard	e – late filing fee or oath		1
Deposit Account Name Human Genome Sciences, Inc.			50	2052	25		e – late provisional filing fee or cove	at .	
The Commissioner is hereby au	1053		4050			lish specification			
X Charge fee(s) indicated below X Credit any overpayments			130	1053					
Charge any additional fee(s) during the pendency of this			2,520	1812	2,520		a request for ex parte reexamination		. •
x application			920*	1804	920*	Examine	ing publication of SIR prior to r action		
Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.			1,840*	1805	1,840*	Examine			
FEE CALCULATION			110	2251	55		n for reply within first month		! [
1. BASIC FILING FEE	1252	410	2252	205		on for reply within second month	ļ	! 	
Large Entity Small Entity		1253	930	2253	465		on for reply within third month		{ }
Fee Fee Fee Fee	Fee Description Fee Paid	1254	1,450	2254	725	Extension	on for reply within fourth month		.
Code (\$) Code (\$) 1001 750 2001 375 Ut	tility filing fee	125	5 1,970	2255	985	Extension	on for reply within fifth month] [
1001 700 2001	esign filing fee	140	1 320	2401	160		of Appeal		41
1002 000 200	ant filing fee	140	2 320	2402	160		brief in support of an appeal		4 1
1005 520 2000	eissue filing fee	140	3 280	2403	140		t for oral hearing		{ }
1004 100 2001	rovisional filing fee	145	1 1,510	1	1,510		to institute a public use proceeding	-	{
1000 100 2000		145	2 110	2452	55	Petition	to revive – unavoidable	 	┦ ┠

1002 330	2002	100	Design timing rec	1402	320	2402	160	Filing a brief in support of an appeal	
1003 520	2003	260	Plant filing fee	1402	280	2403		Request for oral hearing	
1004 750	2004	375	Reissue filing fee	1451	1.510	1451		Petition to institute a public use proceeding	
1005 160	2005	80	Provisional filing fee	1451	110	2452	55	Petition to revive – unavoidable	
		SU	IBTOTAL (1) (\$) 0.00		1,300	2453	-	Petition to revive - unintentional	
				1453		2501	650	Utility issue fee (or reissue)	
2. EXTRA	CLAIM	FEE	S FOR UTILITY AND REISSUE	1501	1,300			•	
			Extra Fee from Claims below Fee Paid	1502	470	2502	235	Design issue fee	
		-20**	Cidinio Cara	1503	630	2503	315	Plant issue fee	
Total Claims Independent				1460	130	1460	130	Petitions to the Commissioner	
Claims		-3** =	=	1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
Multiple Depe	ndent		=	,		1806	180	Submission of Information Disclosure Stmt	
Large Entity	Small E	ntity		1806	180	1000		Recording each patent assignment per	
Fee Fee	Fee	Fee	Fee Description	8021	40	8021	40	property (times number of properties)	
Code (\$)	Code	(\$)	Claims in excess of 20	1809	750	2809	375	Filing a submission after final rejection	ĺ
1202 18	2202	9		1003	, 00			(37 ČFR 1.129(a)) For each additional invention to be	
1201 84	2201	42	Independent claims in excess of 3		750	2810	375	examined (37CFR 1.129(b))	
1203 280	2203	140	Multiple dependent claim, if not paid	1801	750	2801	375	(PCE)	
1204 84	2204	42	** Reissue independent claims over original patent	1		1802	900	Request for expedited examination	1
1205 18	2205	9	** Reissue claims in excess of 20	1802	900	1802	500	of a design application	
1205 18	2203	and over original patent			Other fee (specify)				
	1	611	BTOTAL (2) (\$) 0.00	*Red	uced by	Basic F	iling Fe	ee Paid SUBTOTAL (3) (\$)	0.0
			id, if greater; For Reissues, see above	1	•				
**or number	r previous	iy pai	u, ii greater, r or rtolosado, des ez el-					Constant (if continuation)	

Registration No. (Attorney/Agent)

46,903

SUBMITTED BY

Signature

Name (Print/Type) Janet M. Martineau